615-253-8704

TN ETHICS COMMISSION

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TN. PROF. FIRE FIGHTERS

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8.	AGGREGATE TOTAL OF A	ALL IN-STATE EVENTS				
State repor	ted to the Commission pursuant	all employer expenditures for all in-Sta to T.C.A. § 3-6-305(b)(8). Authority:	te event(s) which was or should have beer T.C.A. § 3-6-303(a)(3).			
9 ,	TO BE SIGNED BY REPOR	RTING OFFICIAL (must be attested	l to by a witness)			
		ontained in this Report is true and tha	t it is a complete and accurate report to the			
Signa	ture of Person Completing Repo	ort C	5-14-07 Date			
	Name of Person: I, the undersigned, acknowledge ate to the best of my knowledge	edge that I have reviewed the foregoing, information and belief.	ng Report and certify that is complete and			
	iture of CEO, CFO or Authorized Name of Person:	I Representative	Date			
l,	, the undersigned, do hereby witness the above signature of the CEO, (Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.					
Sians	ture of Wilmore		Date			



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8.	AGGREGATE	TOTAL	OF ALL	IN-STATE	EVENTS
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615-253-8704

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3). 0,00 9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness) I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief. Signature of Person Completing Report Print Name of Person: LCARROLL ENNIS I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief. Signature of CEO, CFO or Authorized Representative Print Name of Person: TAMES E. MITTO Lisa A. Mitchell the undersigned, do hereby witness the above signature of the CEO, CFO or Authorized Representative, which was signed in my presence.

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